



H1N1 Provider Briefing

Date: October 5, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on H1N1 in Rhode Island

Local Influenza Activity Level: Regional¹, H1N1 predominant circulating strain

Rhode Island²: 2 hospitalized cases, 0 deaths

National Report³: 16,174 hospitalized cases, 1,379 deaths

Sentinel Surveillance (% of visits due to influenza-like illness)⁴: Rhode Island: 3.1%, New England Region: 1.9%, Nation: 4.6%

H1N1 vaccine order/priority group breakdown due Friday 10/9

In order to receive H1N1 vaccine, all H1N1 vaccine providers must complete a vaccine order and priority group breakdown by this **Friday, October 9**. HEALTH will use these estimates to distribute H1N1 vaccine to ACIP-recommended priority groups. After all priority groups have been offered H1N1 vaccine, HEALTH will complete vaccine orders for the remaining population. Vaccine providers must enter a general estimate of the total number of patients to be vaccinated during the 2009-2010 campaign. They will then be asked to break this number down into 10 different priority groups:

1. Pregnant women (all ages)
2. Infants 6 to 24 months of age
3. Children 25 to 59 months of age
4. Household contacts and caregivers of infants younger than 6 months of age
5. School-aged children (K-12)
6. Young adults 19 to 24 years of age
7. Healthcare workers and first responders
8. Adults 25 to 49 years of age (report high risk AND non-high-risk patients separately)
9. Adults 50 to 64 years of age (report high risk AND non-high-risk patients separately)
10. Adults 65+ years of age

Account for each individual **once** when completing the priority group breakdown. The priority lists are organized from highest to lowest. Providers should fill in the information in that order, classifying individuals in their highest eligible priority group.

To complete the order/priority group breakdown, please go to <http://pandemic.health.ri.gov/h1n1/> and click the link for "Vaccine Ordering/Priority Group Breakdown." Providers with questions should contact vaccine@health.ri.gov or call 401-222-8022.

¹ Rhode Island reported Regional activity for the week of September 20-26. Influenza is circulating in 2 regions of the state. For details see <http://www.health.ri.gov/flu/about/surveillance/>.

² Influenza-associated hospitalizations and deaths since September 1, 2009

³ Influenza and pneumonia-associated hospitalizations and deaths from August 30 to September 19, 2009

⁴ Influenza-like illness activity from September 20 to September 26, 2009

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H1N1 vaccine delivery update

The first shipment of H1N1 vaccine is expected to arrive in Rhode Island this week. This shipment will consist of 6,200 doses of live attenuated intranasal spray (FluMist). It will be distributed to pediatricians and family practitioners serving children between the ages of 2 through 5 years. Parents have been advised that their doctors will contact them if their children are candidates for the nasal-spray vaccine when available. The nasal-spray vaccine is licensed for individuals between the ages of 2 through 49 years. It is not approved for pregnant women, children who have asthma, or children on long-term aspirin therapy.

H1N1 Vaccine Information Statements now available online

The CDC has released Vaccine Information Statements (VISs) for the inactivated H1N1 vaccine and the live, intranasal H1N1 vaccine. The VISs are available for download at <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-inact-h1n1.pdf> and <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-laiv-h1n1.pdf>.

Tamiflu available from certain pharmacies for the uninsured

HEALTH has delivered limited amounts of Tamiflu to Stop & Shop, Rite Aid, and CVS pharmacies for people without insurance who require antiviral medications. **Starting today**, uninsured patients with valid prescriptions can visit these pharmacies to receive **one** free course of antiviral treatment. Providers must indicate "state supply" on the face of these prescriptions or use verbal orders indicating that the state supply should be used. Patients who present to the pharmacy with designated prescriptions who have insurance should be processed through their insurance plans. Providers should note that the priority for antiviral use continues to be in people with more severe illness (such as people hospitalized with influenza) and people at increased risk of flu-related complications.

Vaccinating patients with egg and latex allergies

Asking persons if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for allergic reactions to flu vaccines. Persons who have had symptoms such as hives or swelling of the lips or tongue, or who have experienced acute respiratory distress after eating eggs, should consult a physician before receiving flu vaccines. Persons with documented (IgE)-mediated hypersensitivity to eggs, including those with occupational asthma related to egg exposure or other allergic responses to egg protein, should also consult a physician before vaccination.

According to current knowledge, the Fluarix seasonal flu vaccine syringe contains latex, but other seasonal flu vaccine syringes do not. It is likely that the new H1N1 flu vaccines will contain the same latex distribution as seasonal flu vaccines. If a person reports a severe (anaphylactic) allergy to latex, vaccines supplied in vials or syringes that contain natural rubber should not be administered unless the benefit of vaccination outweighs the risk of a potential allergic reaction. For other latex allergies (e.g., a history of contact allergy to latex gloves), vaccines supplied in vials or syringes that contain natural rubber can be administered. For more information on latex in vaccine packaging, see <http://www.cdc.gov/Vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf>.

New CDC triage algorithm for adults with influenza-like illness

The CDC has designed an algorithm to assist physicians in identifying indicators of and responses to symptoms of flu-like illness in adults over the age of 18 years. To view the algorithm, see <http://www.cdc.gov/h1n1flu/clinicians/pdf/adultalgorithm.pdf>. This supplements a similar decision-making tool developed by HEALTH for people fielding calls in providers' offices: <http://www.health.ri.gov/news/H1N1Advisories/ShouldAPersonWithFluLikeSymptomsBeSeenByADoctor.pdf>.

ACIP recommendations for pneumococcal vaccine

Adult healthcare providers should continue to consider PPSV vaccination for indicated patients during the 2009-2010 influenza season. Providers should note that one dose of PPSV is now recommended for:

- All adults age 65 and older
- Individuals 2 to 64 years of age with long-term health problems such as heart disease or diabetes

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- Individuals 2 to 64 years of age who have health conditions that lower the body's resistance to infection, including people taking certain cancer drugs
- Adults 19 to 64 years of age who smoke or who have asthma.

For more information:

- CDC guidance for the use of PPSV during novel influenza A (H1N1) outbreak: http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm
- PPSV Vaccine Information Statement (VIS): <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ppv.pdf>

Resources

- HEALTH at <http://www.health.ri.gov>; <http://www.health.ri.gov/flu/for/providers>
- Archived provider briefings and regular news updates: <http://www.health.ri.gov/news/flu/>
- H1N1 Information Line (M-F 8:30am- 4:30pm) 401-222-8022
- H1N1 email address h1n1@health.ri.gov
- <http://www.flu.gov>

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